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PTO/SB/81 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/755,620
Filing Date	January 12, 2004
First Named Inventor	H. Joshua SCHREFF
Title	Self-contained temperature-
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	89287.0003

I hereby appoint:

☐ Practitioners associated with the Customer
Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Michael L. Crapenhof	37,115

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Michael L. Crapenhof, Attorney at Law				
Address	3352 Bennett Drive				
City	Los Angeles	State	CA	Zip	90068
Country	USA				
Telephone	(323) 878-0229	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Massimiliano Rizzi</i>	Date	9/28/04
Name	Massimiliano Rizzi	Telephone	310 221 6212
Title and Company	VP Engineering		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/755,620
Filing Date	January 12, 2004
First Named Inventor	SCHREFF, H. Joshua
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	89287.0003

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Massimiliano Rizzi				
Date	9/28/04	Telephone	310 273 6297		

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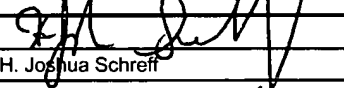
<input checked="" type="checkbox"/> Firm or Individual Name	Michael L. Crapenhof, Attorney at Law.				
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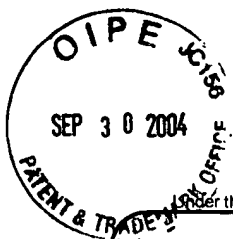
Signature		Date	9-28-04
Name	H. Joshua Schreff	Telephone	425-785-9410
Title and Company	Chairman & CEO		

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PTO/SB/82 (09-04)

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